



Concussion Acknowledgement and Signature Form  
for Parents and Student Athletes

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport(s) Participating In: \_\_\_\_\_ School Year: \_\_\_\_\_

Due to the new law "Student Athlete Concussions, Guidelines, Management" (R65, H3061), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after a concussion or brain injury or returning to play too soon after a concussion or brain injury. The law requires that each year, before beginning practice for an interscholastic sport, including cheerleading, a middle/high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return the form acknowledging receipt of the information to the athletic coordinator. The law further states that a middle/high school athlete who is suspected of sustaining a concussion or brain injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received written medical clearance by a physician.

Parent and Student Athletes – please read the attached "Concussion -A Fact sheet for Student Athletes" information sheet and also the SHS Concussion Management Plan. After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach or athletic coordinator.

---

I am a student athlete participating in the above mentioned sport. I have received and read the Concussion Information Sheet and the Management Plan. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after a concussion or brain injury. I agree to inform the coaches and athletic coordinator of any concussive symptoms that I encounter. I also understand that after written medical clearance is given, I must be released by the physician after a return to play protocol has been followed.

\_\_\_\_\_  
Printed Student Athlete Name

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

I, as the parent or legal guardian of the above named student, have received and read the Concussion Information Sheet. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after concussion or brain injury. I will inform the coaches and athletic coordinator of any concussive symptoms that I observe. I also understand that after written medical clearance is given, my child must be released by the physician after a return to play protocol has been followed.

\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

# 2014- 2015 Sumter School District Middle School Concussion Management Plan

## EDUCATION & ACKNOWLEDGEMENT

- The Concussion Fact Sheet will be available as a part of the education process of athletes and their parents. Before being allowed to participate, all athletes and their parents must read the Concussion Fact Sheet and sign the concussion awareness statement acknowledging that they have read and understand the information and their responsibility to report their injury and illnesses to a coach and/or athletic coordinator, including signs and symptoms of a concussion.
- All coaches will complete the CDC Concussion Course in accordance with SCHSL rules.
- When an athlete is concussed, an attempt to contact his/her parent will be made as soon as possible. Both parent and athlete should have further education in concussion management, including but not limited to individual advice from the physician and coaching staff on concussion signs, symptoms, and care.

## EVALUATION

- Any athlete experiencing symptoms should report to the coaching as soon as possible.
- Any athlete exhibiting signs, symptoms, or behaviors consistent with concussion shall be removed from athletic activities by a coach and evaluated by a medical staff member as soon as possible.
- All concussed athletes should be evaluated by the physician of the parent's choice trained in concussion management.
- A concussed athlete should regularly report to the school nurse for assessment of symptoms (ideally each school day). In the instance the concussed athlete is a middle school student, the assessments will be provided by the school nurse if transportation is a problem until the athlete is asymptomatic.

## RETURN TO PLAY CRITERIA:

- Upon knowledge of a concussion, the concussed athlete will NOT return to play the same day.
- All concussed student athletes must be cleared by a physician trained in concussion management.
- Once a concussed athlete is asymptomatic the athlete will complete stepwise exertional testing over several days as described in the Zurich Consensus Statement. Upon successful completion of the stepwise program without recurring symptoms, the athlete may return to play. **(Day 1 – Light aerobic exercise, Day 2 – Moderate aerobic exercise, Day 3 – Heavy non-contact activity, Day 4 – Sports Specific Practice, Day 5 – Full contact practice, Day – 6 Return to competition)**
- In the event that a symptomatic athlete is cleared by a physician, the athlete will not return to play until the return to play protocol outlined in the consensus statement is followed and passed.

## OTHER CONSIDERATIONS

- The school nurse will be notified by a coach or physician of a concussed athlete. The school nurse will notify the athlete's guidance counselor, and a notification will be made to the athlete's teachers. A concussion fact sheet and/or a list of classroom accommodations will be provided as needed.
- This plan will be reviewed annually by the SSD Concussion Policy Team, which consists of the athletic training staff, the principal (or his designee), athletic director, school nurse, and a physician.